



## State of California Savings Plus Program

# BENEFIT PAYMENT BOOKLET

*All information contained in this booklet was current as of the printing date. The Plan Administrator reserves the right to amend any of the procedures or plan provisions outlined in this booklet or in the official Plan Document. Such changes may be enacted without prior announcement or the expressed consent or agreement of plan participants. The official Plan Document will govern if any contradiction arises between the terms of the official Plan Document and this booklet.*

Your decisions regarding distributions from your Savings Plus account(s) will have financial consequences as well as income tax implications. Therefore, you may wish to obtain the advice of a tax advisor before you request a payment.

This booklet contains information and several forms for your use. Use the applicable forms to select the payment method and options that best meet your needs. Enclosed in this booklet are the following items:

- Benefit Payment Application (BPA)
- Summary 402(f)
- Section 3405 Notice of Special Rules for Pensions, Annuities, and Certain Other Deferred Income
- 401(k) Thrift Plan Beneficiary Designation Form
- 457 Deferred Compensation Plan Beneficiary Designation Form
- Specific Investment Designation Form
- Direct Deposit Form

The instructions contained in this booklet summarize the major provisions of federal and State of California tax rules that may apply to your payment. The tax rules are complex and contain in their full text many conditions and exceptions that are not included in these instructions. You can find more specific information on the tax treatment of payments drawn from retirement plans in the Internal Revenue Service (IRS) Publication 575, *Pension and Annuity Income*, and IRS Publication 590, *Individual Retirement Arrangements*. These publications are available from your local IRS office, the IRS Web site at [www.irs.gov](http://www.irs.gov), or the IRS Tax Forms Distribution Center, telephone 1-800-TAX-FORM (1-800-829-3676).

# Instructions for Benefit Payment Application

## SECTION I—Participant Information

Complete the information requested.

## SECTION II—Plan Type

Check the plan from which you want this distribution to be withdrawn. If you are requesting distribution from both plans, separate applications are required. If you do not check a plan, the application will be returned to you and payment will be delayed.

## SECTION III—Distribution Event Types

Check the box that applies to this distribution event. Payments will be issued within 45 days of receipt of a properly completed BPA.

- **Select Distribution:** You may request a distribution from your account at any time, as long as you are eligible. Refer to the Eligibility to Withdraw Funds section on page 5.
- **Change Method of Payment:** If you are currently receiving periodic payments, you may change the method of payment or the distribution period at any time. Your existing payment date will no longer be applicable. Changing your method of payment or distribution period may have tax-withholding implications.
- **Select Supplemental Distribution:** You may request a supplemental distribution at any time. A supplemental payment will reduce the amount of your future fixed-period payments, or it will reduce the number of remaining fixed-amount payments.
- **Stop Distribution:** You may stop distribution at any time. Special rules apply if you are age 70½ or older. Refer to the Required Minimum Distribution section on page 6.

## SECTION IV—Method of Payment

Check the payment method(s) from the options listed to select the payment method that is right for you. Check all boxes that apply. For more information see the Payment Methods and Tax Withholding section on page 5.

- **Direct Payment:** Specify the percentage or dollar amount of your account balance to be distributed.

- **Periodic Payments:** Specify whether you want payments for a specific number of years or a fixed dollar amount. Specify whether your payments are to be issued monthly or annually.
- **Supplemental Distribution:** Supplemental distribution is made in addition to your regularly scheduled periodic payments. Check 100% or specify the dollar amount of the additional distribution. If you check 100%, you will be liquidating your account, and you will not receive any further regularly scheduled periodic payments. If you want to roll over all or a portion of your assets, check the Supplemental Distribution box in Section IV on page 3 and check the Direct Rollover box on page 4.
- **Required Minimum Distribution (RMD)/Delay Initial RMD Payment:** Specify whether you want to receive an RMD or to delay your initial RMD payment. If you qualify for an RMD and want your RMD payments to be based on the Joint Life and Last Survivor Expectancy Table, you must complete the Two Lives Beneficiary Information section of the BPA.
- **Direct Rollover:** Specify the type of plan that will receive your funds. Indicate the percentage or dollar amount of your account balance to be rolled over to an Individual Retirement Account (IRA) or other entity. If you are rolling over your plan assets to a different plan type—for example, rolling over a 457 to a 401(k)—you must attach a certification from the receiving entity that agrees to accept the funds before a distribution will occur.

## SECTION V—Participant Certification

Read Summary 402(f) and Section 3405 Notice of Special Rules for Pensions, Annuities, and Certain Other Deferred Income and sign, date, and mail the application.

## Savings Plus Program

# Benefit Payment Application

Please read the information and instructions in the Benefit Payment Booklet before completing the forms.  
Payments will be issued within 45 days.

### SECTION I—Participant Information

Last Name, First Name, MI		Social Security Number (SSN)
Street Address		Date of Birth (mm/dd/yyyy)
City, State, ZIP Code	Daytime Telephone Number (     )	Retirement/Separation Date (mm/dd/yyyy)

**Privacy Statement:** The Information Practices Act of 1977 (*Civil Code* Section 1798.17) and the federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. You must furnish all the information requested on this form. Failure to provide the information may result in the action requested not being processed.

### SECTION II—Plan Type

(Check **one** box only.)

- ☐ 401(k) Thrift Plan                      ☐ 457 Deferred Compensation Plan

### SECTION III—Distribution Event Types

(Check **one** box only.)

- ☐ Elect Distribution  
☐ Change Method of Payment  
☐ Elect Supplemental Distribution  
☐ Stop Distribution

### SECTION IV—Method of Payment

(Check **all** boxes that apply.)

<input type="checkbox"/> Direct Payment	Specify the percentage or dollar amount to be paid directly to you. _____% <b>or</b> \$ _____
<input type="checkbox"/> Periodic Payments	Select only <b>one</b> payment method below: <input type="checkbox"/> Fixed Period _____ years <input type="checkbox"/> Monthly <b>or</b> <input type="checkbox"/> Annual Payments <input type="checkbox"/> Fixed Amount \$ _____ <input type="checkbox"/> Monthly <b>or</b> <input type="checkbox"/> Annual Payments
<input type="checkbox"/> Supplemental Distribution	Check the box if this distribution will be made in addition to your regularly scheduled periodic payments. Check 100% or specify the dollar amount of the additional distribution. If you check 100%, you will be liquidating your account and you will not receive any further regularly scheduled periodic payments. If you want to roll over all or a portion of your assets, check this box and the Direct Rollover box on the reverse side of this form. <input type="checkbox"/> 100% <b>or</b> \$ _____

See the reverse side of this application for additional methods of payment.

<input type="checkbox"/> Required Minimum Distribution (RMD)	You may select the RMD method of payment in the year you turn age 70½. RMD payments are issued annually. You must complete the Two Lives Beneficiary Information section below if your spouse is your sole primary beneficiary and is 10 or more years younger than you.
<b>or</b>	<b>OR</b>
<input type="checkbox"/> Delay Initial RMD Payment	You may select Delay Initial RMD Payment if you wish to delay your initial RMD payment until March of the year following the year you turn age 70½. If you delay your initial payment, you will receive two RMD payments in the same calendar year (March and November). All subsequent annual payments will be issued in November unless you subsequently change your method of payment. You must complete the Two Lives Beneficiary Information section below if your spouse is your sole primary beneficiary and is 10 or more years younger than you.
	<b>Two Lives Beneficiary Information</b>
	Complete the information below if your spouse is your sole primary beneficiary and is 10 or more years younger than you. Attach a completed Beneficiary Designation form to this BPA. You must also attach proof of date of birth of the beneficiary.
	Spouse's name _____
	Spouse's address _____
	Spouse's SSN _____
	Spouse's date of birth _____
<input type="checkbox"/> Direct Rollover	Check the type of plan to which your funds will be rolled over and specify the percentage or dollar amount requested. If you are receiving regularly scheduled periodic payments and want to roll over all or a portion of your assets, check also the Supplemental Distribution box on the front of this BPA. If you are age 70½ or older and elect to roll over your funds, the annual RMD portion will be paid directly to you <b>before</b> the remaining funds are rolled over to the receiving entity.
	<input type="checkbox"/> Direct rollover to an IRA _____ % <b>or</b> \$ _____
	<input type="checkbox"/> Direct rollover to IRC Section 457 Plan _____ % <b>or</b> \$ _____
	<input type="checkbox"/> Direct rollover to IRC Section 401(k) Plan _____ % <b>or</b> \$ _____
	<input type="checkbox"/> Direct rollover to IRC Section 403(b) Plan _____ % <b>or</b> \$ _____
	The rollover check will be made payable for the benefit of your name to the Trustee/Custodian listed below. The check will be mailed directly to your address of record for forwarding to the Trustee/Custodian. If funds are to be distributed to more than one plan or IRA provider, attach an additional sheet with the following information: your SSN; your signature; the name of the Trustee/Custodian; the percentage of your rollover or the dollar amount; and the date. If you are rolling over your plan assets to a different plan type—for example, rolling over a 457 to a 401(k)—you <b>must</b> attach a certification from the receiving entity(ies) that agrees to accept the funds before the distribution will occur.
	Name of Trustee/Custodian _____

## SECTION V—Participant Certification

I request distribution to be made in accordance with the Plan Document, *Internal Revenue Code*, and my election. I understand that the State of California has the authority to approve or reject this request. I certify that I have been informed of the different payment methods and the tax implications of distributions from my account. I certify that I have read Summary 402(f) and, by signing, I waive the 30-day notice. Additionally, I have read Section 3405 Notice of Special Rules for Pensions, Annuities, and Certain Other Deferred Income. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail the original application (do not fax) to Nationwide Retirement Solutions (PW-03-01), P.O. Box 182797, Columbus, OH 43218-2797

## Eligibility to Withdraw Funds

### 401(k) Plan

You are eligible to receive payment of your 401(k) Plan assets if you are:

- (1) Age 55 **and** retired or separated from state service;  
**or**
- (2) Age 59½, regardless of your employment status

If you receive a payment before you are age 59½, you may be required to pay an additional 10% in federal tax and, if you are a California resident, a 2½% state tax. You may not need to pay additional taxes if you separate or retire from state service after you reach age 55; if you receive payment because you retire as a result of a disability; or if you require the payment to pay medical expenses. Please consult IRS Publication 575, *Pension and Annuity Income*, and IRS Publication 590, *Individual Retirement Arrangements*, for more information on the tax treatment of payments from retirement plans.

### 457 Plan

You are eligible to receive payment of your 457 Plan assets if you retire or separate from state service. There is no minimum age requirement for payment.

Your eligibility to withdraw funds from your 401(k) Plan and 457 Plan will be verified before payment is issued. To facilitate faster processing of your BPA, you may provide proof of separation or retirement. A Notice of Personnel Action (NOPA) is issued to most state employees by their personnel office when they separate or retire. However, if you do not have a NOPA, a letter from your former employer is acceptable. The letter must be provided on agency letterhead, must reference your date of separation or retirement, and must be signed by a designated representative of the agency.

## Payment Methods and Tax Withholding

If your total distribution is not 100% of the account, the balance will remain in your account.

### Direct Payment

This payment method allows you to receive a direct payment from your account. You may specify the percentage or dollar amount to be paid directly to you. This payment will be reported to the IRS as ordinary income. There will be a mandatory 20% withholding for federal income taxes on amounts of \$200 or more. If you wish to increase the federal income tax withholding, complete

a Federal Withholding Certificate for Pension or Annuity Payments (W-4P). No state income taxes will be withheld unless you request otherwise by completing a California State Withholding Certificate for Pension or Annuity Payments (DE-4P). Refer to the Additional Tax Withholding Information section starting on page 7. Submit the W-4P and/or the DE-4P with your completed BPA.

### Periodic Payments

The minimum payment period for this method is one year. This method allows you to choose **one** of the following:

*Fixed Period*—The length of time over which you will receive your funds; **or**

*Fixed Amount*—The specific dollar amount that you will receive

- **Fixed Period:** You may choose to receive monthly payments or annual payments. Your payments are calculated by dividing your account balance by the number of payments that you wish to receive. Your payments will be recalculated each month (if on monthly payout) or each year (if on annual payout), so your account balance will be exhausted at the end of your payment schedule. If your payments continue beyond age 70½, your payment amount may increase to ensure that your distributions meet RMD requirements in accordance with IRS regulations. For more information refer to the Required Minimum Distribution section on page 6.
- **Fixed Amount:** This option allows you to receive payments of the same amount monthly or annually. If your payments continue beyond age 70½, your payment amount may increase to ensure that your distributions meet RMD requirements in accordance with IRS regulations. For more information refer to the Required Minimum Distribution section on page 6.

### Supplemental Distribution

This payment method allows you to withdraw additional monies while you are receiving periodic payments. To receive a 100% withdrawal of funds or a partial withdrawal of funds, submit the BPA, checking the Supplemental Distribution box in Section IV on page 3. The supplemental distribution will be processed in the same manner and method as your periodic payment. If you do not elect 100%, the distribution will not disrupt your current periodic distribution method; however, a supplemental payment will reduce the amount of your future fixed-period payments or reduce the number of remaining fixed-amount payments. If you want to roll over all or a portion of your assets, the distribution will be processed in accordance with your selection.



## Required Minimum Distribution (RMD)

IRS regulations require that you receive an RMD in the year you turn age 70½ or the year in which you retire, whichever is **later**. If you return to employment, contact Savings Plus.

RMDs issued after the required beginning date may be assessed an excise tax equal to 50% of the distribution. Please consult IRS Publication 575, *Pension and Annuity Income*, and IRS Form 5329, *Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts*, for more information regarding the 50% excise tax.

Your RMD is calculated by dividing your balance on December 31 of the preceding year by your life expectancy. The Uniform Lifetime Table will be used to determine life expectancy unless your spouse is your sole primary beneficiary **and** is 10 or more years younger than you. You can obtain the Uniform Lifetime Table from IRS Publication 590 (revised January 2004) by checking the IRS Web site at [www.irs.gov](http://www.irs.gov).

If your spouse is your sole primary beneficiary and is 10 or more years younger than you, the Joint Life and Last Survivor Expectancy Table will be used. You can obtain the Joint Life and Last Survivor Expectancy Table from IRS Publication 590 (revised January 2004) by checking the IRS Web site at [www.irs.gov](http://www.irs.gov). Your payment is subject to change, on the basis of revised tables, when applicable. Attach a Beneficiary Designation Form to your BPA. You must provide proof of your spouse's date of birth. If you originally named a spouse who is 10 or more years younger than you are, and a beneficiary change occurred that affects the life expectancy table used, the payment amount will be adjusted at the beginning of the following calendar year.

You may file a W-4P and/or a DE-4P to instruct Nationwide to withhold income taxes from your RMD payment. Refer to the Additional Tax Withholding Information section starting on page 7 for information on where to obtain a W-4P or a DE-4P. If no tax withholding information is on record, the rate of federal tax withholding on the RMD portion of your payment will be dependent on your payment method. For periodic payments, the RMD portion will be withheld at the rate that applies to married, with three allowances. For a direct payment, the RMD portion will be withheld at 10%. *Note:* Tax withholding for the portion of the payment that is not the RMD will follow the rules described in the Additional Tax Withholding Information section. No state income taxes will be withheld unless you request otherwise by completing a DE-4P. Refer to the Additional Tax Withholding Infor-

mation section starting on page 7 for additional information.

## Delay Initial RMD Payment

You may select this payment method if you wish to delay your initial RMD payment until March of the year following the year you turn age 70½. If you delay your initial payment, you will receive two RMD payments in the same calendar year (March and November). All subsequent annual payments will be issued in November unless you subsequently change your method of payment. Because these payments are taxed as ordinary income, the delay may result in a higher tax liability.

## Direct Rollover

Rollover checks will be made payable to the Trustee/Custodian (IRA provider or other entity) for the benefit of your name. The rollover check will be mailed directly to your address of record. You must mail or deliver the check to the Trustee/Custodian. This distribution payment method is a nontaxable event.

If you are age 70½ or older and elect to roll over your funds, your RMD will be processed and paid directly to you before the remaining funds are rolled over to the receiving entity. Refer to the Required Minimum Distribution section on this page.

- **Individual Retirement Account (IRA):** This payment method allows you to roll over your assets to an IRA. If you roll over your 457 Plan assets to an IRA, the assets become subject to the rules that apply to the IRA. That means you may pay a 10% tax penalty on most IRA withdrawals made before you reach age 59½ and, if you reside in California, you may pay an additional state tax of 2½%. Consult your IRA provider for other restrictions or penalties. A direct rollover to an IRA will be reported to the IRS as a nontaxable event.
- **Eligible Retirement Plan:** This payment method allows you to roll over your assets to another eligible retirement plan. When you do so, your assets become subject to the rules that apply to that plan. A direct rollover to an eligible retirement plan will be reported to the IRS as a nontaxable event.

## General Information

### Payment Dates

Payments will be issued within 45 days of receipt of a properly completed BPA. Payment dates may vary, depending on the type of payment that you have requested.

Periodic payments are made during the first week of the month. Assets are liquidated on the first business day of the month. Payments are issued by the third business day of each month. Direct payments and rollovers are made on a weekly payment cycle.

### **Direct Deposit Information**

Direct deposit is available for direct payments and periodic payments. There is no fee for this electronic transfer. You may choose only **one** financial institution for direct deposit. A notification of direct deposit will be mailed to you for your records.

Any time you change your periodic payment method, you must complete and submit a new Direct Deposit Form. If you change financial institutions or change your account number or automated clearing house (ACH) routing number of the financial institution of record, you must complete a new Direct Deposit Form. Submission of a new Direct Deposit Form will override any previous direct deposit information on file. This change may take up to 45 days to become effective.

### **Check Fee**

A \$2.00 processing fee is charged for each check. This fee will be deducted directly from the amount of each check issued.

### **Stale-Dated Checks**

Checks are valid for 120 days. After that time, the check becomes “stale” or too old to negotiate at your financial institution. If you have a stale-dated check, you must call Savings Plus at (866) 566-4777 and press \*0 to speak with a customer service representative who will ask you for specific information so that a replacement check can be issued.

### **Lost or Stolen Checks**

A check that was mailed to you or your financial institution can be reported as lost or stolen if, after 14 calendar days from the date the check was issued, the check has not been received.

### **Specific Investment Designation**

Specific investment designation applies to periodic and supplemental payments. Payments are prorated among all your core funds unless you have specified otherwise by completing the Specific Investment Designation Form.

If you make a change to your periodic payment amount or the type of payment, you must submit a new Specific Investment Designation Form to designate a specific

fund; otherwise, your payments will be prorated as stated above.

You are responsible for ensuring that the fund you designate has a value sufficient to satisfy the full payment amount. The specific investment designation on file will be deemed void if, on the day assets are liquidated to create your payment, the amount of the payment exceeds the value of the fund. If this situation should occur, your future payments will be prorated among all your core funds.

You may submit a new designation at any time while you are receiving payments. To make the change effective for your next payment, Nationwide must receive the properly completed designation 30–45 days prior to your next distribution.

### **Personal Choice Retirement Account (PCRA)**

Your account value includes the total value of your core account plus the value of your PCRA. Payments are made from your core account only. You are not required to liquidate all PCRA assets before payments begin. However, if you are requesting 100% distribution, you must transfer your PCRA funds back to your core account. You must retain in your core account the lesser of \$2,500 or 50% of your account balance **plus** enough assets to cover three months of distributions. Core account balances are reviewed on a regular basis to ensure that assets are sufficient to cover upcoming distributions. Nationwide will notify you if a transfer of assets is required. If assets are not transferred within the required time, assets will be liquidated to cover the amount needed for the upcoming 12 months of distributions.

## **Additional Tax Withholding Information**

Federal income taxes will be withheld on the basis of the payment method and the length of time you select to receive payments. Please refer to the enclosed Section 402(f) Special Tax Notice Regarding Plan Payments and Section 3405 Notice of Special Rules for Pensions, Annuities, and Certain Other Deferred Income for additional information.

### **Direct Payments and Periodic Payments for Less than 10 Years**

Direct payments and periodic payments for a period of less than 10 years will be reported to the IRS as ordinary income. The mandatory federal tax withholding is 20%. If you wish to **increase** the federal withholding,

complete a W-4P. Refer to the Federal Withholding Certificate for Pension or Annuity Payments (W-4P) section. No state income taxes will be withheld unless you request otherwise by completing a DE-4P. Submit tax withholding documents with your completed BPA.

### **Periodic Payments for 10 Years or More**

Periodic payments that extend for a period of 10 years or more will be reported to the IRS as ordinary income. Federal income taxes will be withheld at the rate that applies to married with 3 allowances unless you request something different by completing a W-4P. No state income taxes will be withheld unless you request otherwise by completing a DE-4P. Submit tax withholding documents with your completed BPA.

### **Federal Withholding Certificate for Pension or Annuity Payments (W-4P)**

A W-4P instructs Nationwide as to the amount of federal income tax to withhold from your payment(s). The IRS does not allow specific dollar-amount withholding designations. However, you may supplement your withholding amount by designating an **additional** dollar amount to be withheld. You may not designate an additional percentage. You may submit a W-4P at any time, and it will remain in effect until you change or revoke it. If you live outside the United States, the law requires a mandatory 30% federal income tax withholding regardless of the payment period. To obtain a W-4P form, check the IRS Web site at [www.irs.gov](http://www.irs.gov) or the Savings Plus Web site at [www.sppforu.com](http://www.sppforu.com) or call Savings Plus at (866) 566-4777 and press \*0 to speak to a customer service representative.

### **California State Withholding Certificate for Pension or Annuity Payments (DE-4P)**

A DE-4P instructs Nationwide as to the amount of state income tax to withhold from your payment(s). The State of California does not allow specific dollar-amount withholding designations. However, you may claim the number of allowances, note your marital status, and designate an additional dollar amount to be withheld. You may not designate an additional percentage. You may submit a DE-4P at any time, and it will remain in effect until you change or revoke it. If you live outside California, consult your local taxing authority for more information. To obtain a DE-4P form, check the State of California Employment Development Web site at [www.edd.gov](http://www.edd.gov) or the Savings Plus Web site at [www.sppforu.com](http://www.sppforu.com) or call Savings Plus at (866) 566-4777 and press \*0 to speak to a customer service representative.

### **1099-R Tax Document**

Distributions paid directly to you will be reported to the IRS as ordinary income. Distributions for the purchase of an annuity and a direct rollover will be reported to the IRS as nontaxable. A 1099-R will be issued by January 31 of the following year for reporting purposes.

### **Mailing Your Application**

Ensure that all applicable forms are included with your BPA. If you wish to expedite processing, provide proof of separation or retirement from state service.

#### **Mail the original application (do not fax) to:**

Nationwide Retirement Solutions (PW-03-01)  
P.O. Box 182797  
Columbus, OH 43218-2797



## Summary 402(f)

This is a summary of the provisions of the model Section 402(f) notice issued by the Internal Revenue Service in Notice 2002-3 and explains how you can continue to defer federal income tax on your retirement savings in the State of California Savings Plus Program Deferred Compensation Plan (the “Plan”) and contains important information you will need before you decide how to receive your Plan benefits. A copy of the model Section 402(f) notice will be provided to you upon request without charge. If you would like a copy of the model 402(f) notice or have additional questions after reading this summary, you can contact your Plan Administrator at (866) 566-4777.

This summary is provided to you by the State of California Department of Personnel Administration, Savings Plus Program (your “Plan Administrator”) because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or your Plan Administrator to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An “eligible employer plan” includes a plan qualified under Section 401(a) of the *Internal Revenue Code*, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a Section 403(a) annuity plan; a Section 403(b) Tax Sheltered Annuity; and an eligible Section 457(b) plan maintained by a governmental employer (governmental 457 plan).

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish instead to roll your distribution over to a traditional IRA or

split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse’s consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

### **There are two ways you may be able to receive a Plan payment that is eligible for rollover:**

- (1) Certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit (“DIRECT ROLLOVER”); or
- (2) The payment can be PAID TO YOU.

### **If you choose a DIRECT ROLLOVER:**

- Your payment will not be taxed in the current year and no income tax will be withheld.
- You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that accepts your rollover. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account because these are not traditional IRAs.
- The taxable portion of your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

### **If you choose to have a Plan payment that is eligible for rollover PAID TO YOU:**

- You will receive only 80% of the taxable amount of the payment, because the Plan Administrator is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes.
- The taxable amount of your payment will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax

rules that could reduce the tax you owe. However, if you receive the payment before age 59<sup>1/2</sup>, you may have to pay an additional 10% tax.

- You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.
- If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, you must find other money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

### **Your Right to Waive the 30-Day Notice Period**

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this summary. Thus, after receiving this summary, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by signing the enclosed Benefit Payment Application. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan Administrator.

## **Section 3405 Notice of Special Rules for Pensions, Annuities, and Certain Other Deferred Income**

If you are receiving a periodic payment from your retirement plan that is not considered an eligible rollover distribution, it will be subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution or withdrawal payment that is considered income and, therefore, subject to federal income tax.

You may elect not to have withholding apply to your distribution or withdrawal payments by properly completing, signing, dating, and returning to your Plan Administrator a Form W-4P Withholding Certificate for Pension or Annuity Payments. Your election will remain in effect until you change or revoke it. You may change or revoke your election at any time by returning another completed, signed, and dated Form W-4P to your Plan Administrator. Any election or revocation will be effective no later than thirty (30) days after receipt. You may

make and revoke your withholding elections as often as you wish. Additional W-4P forms may be obtained from your Plan Administrator.

If you have not properly filed with your Plan Administrator a Form W-4P, then federal income tax will be withheld from the taxable portion of your distribution or withdrawal payments based on a filing status of married, claiming three withholding allowances.

If you elect not to have withholding apply to your distribution or withdrawal payments, or if you do not have enough federal income tax withheld from your distribution or withdrawal payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

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## Savings Plus Program

# 401(k) Thrift Plan Beneficiary Designation Form

Please read the information and instructions on the reverse side before completing this form.

### SECTION I—Participant Information

Last Name, First Name, MI	Social Security Number (SSN)
Street Address	Date of Birth (mm/dd/yyyy)
City, State, ZIP Code	Daytime Telephone Number (       )

**Privacy Statement:** The Information Practices Act of 1977 (*Civil Code* Section 1798.17) and the federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. You must furnish all the information requested on this form. Failure to provide the information may result in the action requested not being processed.

### SECTION II—Beneficiary Information

<b>A. Primary</b>	Last Name, First Name, MI	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth
	Last Name, First Name, MI	Relationship <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth
<b>B. Contingent</b>	Last Name, First Name, MI	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth
	Last Name, First Name, MI	Relationship <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth

☐ Additional beneficiaries (identified as Primary and/or Contingent) are designated by the attached sheet of paper, which includes my SSN, signature, and the date.

### SECTION III—Trust Information

(Complete only if you have established a legal trust.)

Name of Trust	Date of Trust	%	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Address (street, city, state, ZIP code)			Name of Trustee

### SECTION IV—Participant Certification

I hereby designate the above beneficiary(ies) to receive my funds upon my death. I understand if my spouse is designated as a beneficiary and we divorce, this form becomes null and void. I understand if my registered domestic partner is designated as a beneficiary and our registered domestic partnership is terminated, this form becomes null and void. If a new beneficiary designation form is not completed upon divorce or upon termination of registered domestic partnership, my account will be payable in accordance with state law. In the event I survive the primary beneficiary(ies) designated, I designate the contingent beneficiary(ies) to receive my funds upon my death. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge. This beneficiary designation replaces any prior beneficiary designations.

Signature

Date



## Information

To designate a beneficiary, complete and sign the Beneficiary Designation Form. Payments will be made in equal shares unless otherwise indicated. If you are a beneficiary, you may not designate a beneficiary. Funds will be paid to the beneficiary's estate or trust. Any change, including the address of a beneficiary, requires that you submit a new Beneficiary Designation Form. Changes will be effective upon receipt and must be received by Nationwide Retirement Solutions prior to the participant's death. Forms that are incomplete or signed more than 30 days prior to receipt will be returned unprocessed. Please retain a copy for your records.

**Note:** If you want your account paid to the survivors as listed below, you **DO NOT** need to complete the Beneficiary Designation Form.

If you fail to designate a specific beneficiary(ies), your account will be payable to your survivors in the following order: (1) your surviving spouse or registered domestic partner or, if none; (2) natural and adopted children, share and share alike, or, if none; (3) parents, share and share alike, or, if none; (4) brothers and sisters, share and share alike, or, if none; (5) your estate (if probated or subject to probate) or, if not; (6) your trust (if one exists) or, if not; (7) stepchildren, share and share alike, or, if none; (8) grandchildren, share and share alike, or, if none; (9) nieces and nephews, share and share alike, or, if none; (10) great-grandchildren, share and share alike, or, if none; (11) cousins, share and share alike, or, if none; (12) in accordance with state law.

If your spouse is designated as a beneficiary and you divorce, this form becomes null and void. If your registered domestic partner is designated as a beneficiary and your registered domestic partnership is terminated, this form becomes null and void. You will need to complete and sign a new Beneficiary Designation Form.

Your beneficiary designation generally supersedes any other designation, such as a will, trust, estate, etc. It is extremely important that you keep your designation consistent with your wishes.

### Primary and/or Contingent Beneficiaries

Birth date and relationship information must be provided. The percentages allocated for primary and contingent beneficiary(ies) must be specified in whole percentages and should total 100%.

You may designate as many primary and/or contingent beneficiaries as you wish. Attach an additional sheet of paper, if needed, that includes your SSN, signature, and the date. Check the box indicating that you have attached an additional sheet. Failure to provide the information requested may delay processing. If more than one primary and/or contingent beneficiary is listed, your funds will be divided equally unless you clearly state otherwise. Should a primary beneficiary predecease you, funds will be paid/divided among any remaining primary beneficiaries designated. If there are no remaining primary beneficiaries, funds will be paid/divided among any contingent beneficiaries designated.

If you designate an organization, provide the Tax ID Number in the Social Security Number box.

### Trust

You may designate a trust as your beneficiary, and your trust may be paid in lieu of your estate. Special rules may apply to estates and trusts. You are advised to contact a tax or estate planner before designating your estate or trust as your beneficiary. If you have established a legal trust through an attorney, the trust may be named as a primary beneficiary or a contingent beneficiary. A trust may also be designated to be a sole beneficiary or to share and share alike with co-beneficiaries.

## Instructions

### SECTION I—Participant Information

Complete the information requested.

### SECTION II—Beneficiary Information

- A. Complete the information requested for your primary beneficiary(ies).
- B. Complete the information requested for your contingent beneficiary(ies).

### SECTION III—Trust Information

Complete the information requested.

### SECTION IV—Participant Certification

Read carefully, sign, and date the form.

### Mail the original form (do not fax) to:

Nationwide Retirement Solutions (PW-03-01)  
P.O. Box 182797  
Columbus, OH 43218-2797

## Contact Information

Voice Response System: (866) 566-4777, 24 hours a day, 7 days a week

Customer Service: (866) 566-4777, 8:30 a.m.–4:00 p.m. (PT), Monday–Friday  
To speak with a customer service representative, press \*0.

Office: 8:00 a.m.–5:00 p.m. (PT), Monday–Friday

TTY: (800) 848-0833

Web site: [www.sppforu.com](http://www.sppforu.com)

# 457 Deferred Compensation Plan Beneficiary Designation Form

Please read the information and instructions on the reverse side before completing this form.

## SECTION I—Participant Information

Last Name, First Name, MI	Social Security Number (SSN)
Street Address	Date of Birth (mm/dd/yyyy)
City, State, ZIP Code	Daytime Telephone Number (      )

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## SECTION II—Beneficiary Information

<b>A. Primary</b>	Last Name, First Name, MI	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth
	Last Name, First Name, MI	Relationship <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth
<b>B. Contingent</b>	Last Name, First Name, MI	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth
	Last Name, First Name, MI	Relationship <input type="checkbox"/> Other or Registered Domestic Partner	%	SSN/Tax ID Number
	Address (street, city, state, ZIP code)			Date of Birth

☐ Additional beneficiaries (identified as Primary and/or Contingent) are designated by the attached sheet of paper, which includes my SSN, signature, and the date.

## SECTION III—Trust Information

(Complete only if you have established a legal trust.)

Name of Trust	Date of Trust	%	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Address (street, city, state, ZIP code)			Name of Trustee

## SECTION IV—Participant Certification

I hereby designate the above beneficiary(ies) to receive my funds upon my death. I understand if my spouse is designated as a beneficiary and we divorce, this form becomes null and void. I understand if my registered domestic partner is designated as a beneficiary and our registered domestic partnership is terminated, this form becomes null and void. If a new beneficiary designation form is not completed upon divorce or upon termination of registered domestic partnership, my account will be payable in accordance with state law. In the event I survive the primary beneficiary(ies) designated, I designate the contingent beneficiary(ies) to receive my funds upon my death. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge. This beneficiary designation replaces any prior beneficiary designations.

Signature

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Date

## Information

To designate a beneficiary, complete and sign the Beneficiary Designation Form. Payments will be made in equal shares unless otherwise indicated. If you are a beneficiary, you may not designate a beneficiary. Funds will be paid to the beneficiary's estate or trust. Any change, including the address of a beneficiary, requires that you submit a new Beneficiary Designation Form. Changes will be effective upon receipt and must be received by Nationwide Retirement Solutions prior to the participant's death. Forms that are incomplete or signed more than 30 days prior to receipt will be returned unprocessed. Please retain a copy for your records.

**Note:** If you want your account paid to the survivors as listed below, you DO NOT need to complete the Beneficiary Designation Form.

If you fail to designate a specific beneficiary(ies), your account will be payable to your survivors in the following order: (1) your surviving spouse or registered domestic partner or, if none; (2) natural and adopted children, share and share alike, or, if none; (3) parents, share and share alike, or, if none; (4) brothers and sisters, share and share alike, or, if none; (5) your estate (if probated or subject to probate) or, if not; (6) your trust (if one exists) or, if not; (7) stepchildren, share and share alike, or, if none; (8) grandchildren, share and share alike, or, if none; (9) nieces and nephews, share and share alike, or, if none; (10) great-grandchildren, share and share alike, or, if none; (11) cousins, share and share alike, or, if none; (12) in accordance with state law.

If your spouse is designated as a beneficiary and you divorce, this form becomes null and void. If your registered domestic partner is designated as a beneficiary and your registered domestic partnership is terminated, this form becomes null and void. You will need to complete and sign a new Beneficiary Designation Form.

Your beneficiary designation generally supersedes any other designation, such as a will, trust, estate, etc. It is extremely important that you keep your designation consistent with your wishes.

### Primary and/or Contingent Beneficiaries

Birth date and relationship information must be provided. The percentages allocated for primary and contingent beneficiary(ies) must be specified in whole percentages and should total 100%.

You may designate as many primary and/or contingent beneficiaries as you wish. Attach an additional sheet of paper, if needed, that includes your SSN, signature, and the date. Check the box indicating that you have attached an additional sheet. Failure to provide the information requested may delay processing. If more than one primary and/or contingent beneficiary is listed, your funds will be divided equally unless you clearly state otherwise. Should a primary beneficiary predecease you, funds will be paid/divided among any remaining primary beneficiaries designated. If there are no remaining primary beneficiaries, funds will be paid/divided among any contingent beneficiaries designated.

If you designate an organization, provide the Tax ID Number in the Social Security Number box.

### Trust

You may designate a trust as your beneficiary, and your trust may be paid in lieu of your estate. Special rules may apply to estates and trusts. You are advised to contact a tax or estate planner before designating your estate or trust as your beneficiary. If you have established a legal trust through an attorney, the trust may be named as a primary beneficiary or a contingent beneficiary. A trust may also be designated to be a sole beneficiary or to share and share alike with co-beneficiaries.

## Instructions

### SECTION I—Participant Information

Complete the information requested.

### SECTION II—Beneficiary Information

- A. Complete the information requested for your primary beneficiary(ies).
- B. Complete the information requested for your contingent beneficiary(ies).

### SECTION III—Trust Information

Complete the information requested.

### SECTION IV—Participant Certification

Read carefully, sign, and date the form.

### Mail the original form (do not fax) to:

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Columbus, OH 43218-2797

## Contact Information

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Office: 8:00 a.m.– 5:00 p.m. (PT), Monday–Friday

TTY: (800) 848-0833

Web site: [www.sppforu.com](http://www.sppforu.com)

## Savings Plus Program

# Specific Investment Designation Form

Please read the information and instructions on the reverse side before completing this form.

### SECTION I—Participant Information

Last Name, First Name, MI	Social Security Number (SSN)
Street Address	
City, State, ZIP Code	Daytime Telephone Number (     )

**Privacy Statement:** The Information Practices Act of 1977 (*Civil Code* Section 1798.17) and the federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. You must furnish all the information requested on this form. Failure to provide the information may result in the action requested not being processed.

### SECTION II—Plan Type

From which plan are you electing a Specific Fund Designation? (Check one box only.)

- ☐ 401(k) Thrift Plan      ☐ 457 Deferred Compensation Plan

### SECTION III—Specific Fund Designation

(Check one box only.)

All periodic payments will be withdrawn from the specified fund as long as the value of the option is sufficient for the payment amount; otherwise, the payment will be prorated among all your core funds. Check the box below to designate the fund you want.

- |  |  |
|--|--|
| <input type="checkbox"/> American Funds Growth Fund of America                           | <input type="checkbox"/> Philadelphia International Fund   |
| <input type="checkbox"/> CalPERS S & P 500 Index   | <input type="checkbox"/> Savings Plus Large-Cap Blend      |
| <input type="checkbox"/> Dwight Asset Management Stable Value Fund                       | <input type="checkbox"/> Savings Plus Large-Cap Value      |
| <input type="checkbox"/> Hartford Small Company HLS                                      | <input type="checkbox"/> Savings Plus Mid-Cap Blend        |
| <input type="checkbox"/> J. P. Morgan Undiscovered Managers Behavioral Value Fund (Inst) | <input type="checkbox"/> Savings Plus Small-Cap Value      |
| <input type="checkbox"/> Gartmore Investor Destinations Aggressive                       | <input type="checkbox"/> Savings Plus Socially Responsible |
| <input type="checkbox"/> Gartmore Investor Destinations Conservative                     | <input type="checkbox"/> Savings Pool                      |
| <input type="checkbox"/> Gartmore Investor Destinations Moderate                         | <input type="checkbox"/> T. Rowe Price Mid-Cap Growth      |
| <input type="checkbox"/> Gartmore Investor Destinations Moderately Aggressive            | <input type="checkbox"/> T. Rowe Price Mid-Cap Value       |
| <input type="checkbox"/> Gartmore Investor Destinations Moderately Conservative          | <input type="checkbox"/> Vanguard Total Bond Market Index  |

### SECTION IV—Participant Certification

I request a specific fund designation be made in accordance with the Plan Document, *Internal Revenue Code*, and my election above. I understand that the State of California has the authority to approve or reject this request. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature

Date

## Information

Specific investment designation applies only to periodic withdrawal payments. You must complete a Benefit Payment Application to initiate payments. The designation of a specific investment for distribution is optional. Your payments will be prorated among all of your core funds unless you submit this form.

If you make a change to your periodic payment, you must submit a new Specific Investment Designation Form to designate a specific fund; otherwise, your payments will be prorated as stated above.

You are responsible for ensuring that the fund you designate has a value sufficient to satisfy the full payment amount. The specific investment designation on file will be deemed void if, on the day assets are liquidated to create your payment, the amount of the payment exceeds the value of the fund. If this should occur, your future payments will be prorated among all your core funds.

You may submit a new designation at any time while you are receiving payments. To make the change effective for your next payment, Nationwide Retirement Solutions must receive the properly completed designation 30–45 days prior to your next distribution.

## Instructions

### SECTION I—Participant Information

Complete the information requested.

### SECTION II—Plan Type

Check the plan that you are electing. A specific fund will be designated from this plan. Check one box only.

### SECTION III—Specific Fund Designation

Check the fund that you want. Your distribution will be withdrawn from this fund. Check one box only.

### SECTION IV—Participant Certification

Read carefully, sign, and date the form.

### Mail the original form (do not fax) to:

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TTY: (800) 848-0833

Web site: [www.sppforu.com](http://www.sppforu.com)



## Savings Plus Program

# Direct Deposit Form

Please read the information and instructions on the reverse side before completing this form.

### SECTION I—Participant Information

Last Name, First Name, MI	Social Security Number (SSN)
Street Address	Date of Birth (mm/dd/yyyy)
City, State, ZIP Code	Daytime Telephone Number (     )

**Privacy Statement:** The Information Practices Act of 1977 (*Civil Code* Section 1798.17) and the federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. You must furnish all the information requested on this form. Failure to provide the information may result in the action requested not being processed.

### SECTION II—Plan Type

(Check **all** boxes that apply.)

☐ 401(k) Thrift Plan      ☐ 457 Deferred Compensation Plan

### SECTION III—Account Information

☐ New/Change Direct Deposit

☐ Cancel Direct Deposit

Account Type: ☐ Checking (Attach a voided check.)      ☐ Savings

ACH Routing Number (9 digits)

Account Number (Not to exceed 17 digits)

Name of Financial Institution

Street Address

City, State, ZIP Code

### SECTION IV—Participant Certification

I authorize the Savings Plus Program to make direct deposits to the account identified above effective immediately. I understand that the State of California has the authority to approve or reject this request. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature

Date

## Information

You may choose to have your funds electronically transferred to your financial institution. Direct deposit is available for direct payments and periodic payments. There is no fee for the electronic transfer. You may choose only one financial institution for direct deposit. If you choose a supplemental distribution, your supplemental payment will be electronically transferred to the financial institution of record. Submission of a new Direct Deposit Form will override any previous direct deposit information on file. Please note that any time you select a direct payment or change your periodic payments you must complete and submit a new Direct Deposit Form with your Benefit Payment Application. A notification of direct deposit will be mailed to you for your records. If you change financial institutions or need to change your account number or the automated clearinghouse (ACH) routing number of your current financial institution of record, you must complete a new Direct Deposit Form. This change may take up to 45 days to become effective.

## Instructions

### SECTION I—Participant Information

Complete the information requested.

### SECTION II—Plan Type

Check the plan(s) for which you are requesting a direct deposit. Check all boxes that apply.

### SECTION III—Account Information

Check **New/Change Direct Deposit** if this direct deposit form establishes or changes an existing direct deposit.

Check **Cancel Direct Deposit** if you no longer wish to receive a direct deposit. A check will be mailed to your address of record. A \$2.00 check processing fee will be deducted from each payment.

Include the nine-digit ACH routing number and your account number for your financial institution. Attach a voided check for an electronic fund transfer to your checking account. For an electronic fund transfer to savings, verify the ACH routing number with your financial institution.

Provide the name and mailing address of your financial institution.

### SECTION IV—Participant Certification

Read carefully, sign, and date the form.

#### Mail the original form (do not fax) to:

Nationwide Retirement Solutions (PW-03-01)  
P.O. Box 182797  
Columbus, OH 43218-2797

## Contact Information

Voice Response System: (866) 566-4777, 24 hours a day, 7 days a week

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